

City of Dunwoody 41 Perimeter Center East Dunwoody, GA 30346 Phone: (678) 382-6800 Fax: (770) 396-4828

## **Tree Removal Application**

	Address of Proposed Tree Removal:				
Property Owner	Owner's Name:				
	Owner's Address:				
	Phone:	Fax:		Email:	
	Property Owner/Agent's permission to remove trees? ☐ Yes ☐ No				
Applicant	Applicant's Name:				
	Applicant's Address:				
pplik	Arborist Certification Number (If applicable):				
A	Phone: Fax: Email:				
	Species:	Diameter*:			osed Tree Removal:
be Removed	Tree #1:			•	
	Tree #2:				
	Tree #3:				
	Tree #4:				
Rei					
p pe	Tree #5:				
s) to	Tree #6:				
Tree(s)	*If the diameter is greater than 24" for hardwood or 30" for softwood, you must include a letter				
Ě	from an arborist.				
	Required Photo of Each Tree – attached? (yes / no)				
	<b>Required</b> Sketch of Property Showing Building and Trees to be Removed – attached? (yes / no <b>Required</b> Arborist Letter for diameters greater than 24" (hardwood) or 30" (softwood) – attached? (yes / no/ na)				
	Is there a stream in proximity to your property? (yes / no)				
	If yes, you may be required to submit a survey illustrating proposed trees are not in the				
	Stream Buffer.				
	Lot Size: Number of Trees Remaining:				
Authorized Signature	I understand that the City of Dunwoody's Tree Protection Ordinance requires that I maintain canopy coverage consistent with Chapter 16, Section 16-195. I further attest that this				
	documentation and statements included in this application are true and correct. If any information				
	is found to be false or misrepresented, the permit will be deemed invalid.				
	Applicant's Name: Date:				
	Applicant's Signature:				
	Staff Only				
Staff	Received by:	Parcel 1	ID:		Date Received:
- 0)	Permit Number:	Decisio	n:		Date Issued: